



South Dakota Board of Nursing Facility Administrators

P.O. Box 340, 1351 N. Harrison Ave. Pierre, SD 57501-0340

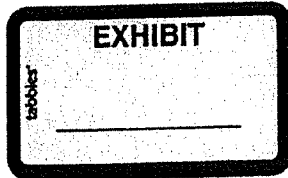
Ph.: 605-224-1721

Fax: 888-425-3032

E-mail: SDNFA@midwestsolutionssd.com

<http://nursingfacility.sd.gov>

APPLICATION FOR INITIAL LICENSURE



Please submit the following:

1. Completed application;
2. Nonrefundable application fee of \$300 and state examination fee of \$100;
3. A copy of your driver license or equivalent birth verification;
4. If applicable, verification of any name change;
5. A certified copy of your transcripts verifying completion of at least an associate degree;
6. A certified copy of your passing score of the Nursing Home Administrators Licensing Examination administered by the National Association of Long Term Care Administrator Boards (NAB) *(This must be sent directly from NAB to our office and the applicant must have passed the NAB exam within four years preceding the date of application)*
7. A copy of the South Dakota state examination passing score *(Applicant must have passed the state exam within four years preceding the date of application)*;
8. If applicable, a verification letter from each state in which you have been licensed *(This letter must be sent directly from your state board to our office)*;
9. Criminal background check (enclosed or sent separately). Criminal background check instructions: To request fingerprint materials, please call the Board office or send your request via email. Completed fingerprint cards must be submitted with a \$43.25 fee made payable to the South Dakota Division of Criminal Investigation.

Name (First, Middle and Last): Daniel Mark Guericke E-mail: dmguericke@gmail.com
Address: PO Box 44 308 North Maple Street S DOB: 10/22/1957
City: White Lake State: SD Zip: 57383 Phone: (605) 249-2282
Nursing Facility Name: Aurora Brule Care And Rehab Phone: (605) 249-2216
Physical Address: 408 South Johnston Street Mailing address: 408 South Johnston Street
City: White Lake State: SD Zip: 57383

Education:

Name of Educational Institution: University of South Dakota
City Vermillion State SD Zip 57069
Dates attended: From 09/15/1975 to 05/30/1979 Date Graduated: 05/20/1979
Degree: Bachelor of Science

Please answer the following questions:

1. Are you the spouse of a member of the armed forces of the United States? Yes No ☒
2. If yes, was your spouse the subject of a military transfer to South Dakota and did you leave employment to accompany your spouse to South Dakota? Yes No
3. Are you currently more than \$1,000 behind in child support payments? Yes No ☒
 - a. If yes, please attach documentation from the South Dakota Department of Social Services (DSS) of your arrangements with the DSS for payment of any accumulated arrearages.

4. Do you currently hold a valid license issued by a different state or the District of Columbia to practice as a Nursing Facility Administrator? Yes No ☒

If applicable, please submit the following information for each state in which you have been licensed. *You must also submit a certified letter verifying the license number and status of your license from the board of nursing facility administrators in each state in which you have been licensed. These letters must be sent directly to our office.*

STATE _____ LICENSE # _____ DATE RECEIVED _____ STATUS _____
STATE _____ LICENSE # _____ DATE RECEIVED _____ STATUS _____

5. Do you practice as a Nursing Facility Administrator:

☒ Full-Time ☐ Part-Time ☐ Temporary ☐ Retired/Not Working

Please select one of the following: Please attach the appropriate verification to this application.

I have completed a practicum in long-term healthcare administration from a higher education institution accredited by an organization recognized by the Council for Higher Education Accreditation within the four years preceding the date of application. Verification of completion of this practicum is attached to this application (verification must be provided by your college or university); OR

I have completed an Administrator-In-Training (AIT) program with a minimum of 240 hours within six consecutive months. This AIT program was completed within the four years preceding the date of application. Verification of this AIT program, including date of completion and number of hours of the AIT program is attached to this application (verification must be provided by your employer, preceptor or state board); OR

- ✓ I intend to complete an Administrator-In-Training (AIT) program with a minimum of 240 hours within six consecutive months. I have completed and enclosed the Preceptor and Administrator In Training (AIT) Agreement, found on the Board's website, which has been signed by my preceptor and by me.

<u>CRIMINAL HISTORY</u>		(circle one)
1. Have you ever been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgment or suspended imposition of sentence, or had prosecution deferred with respect to a felony?		Yes <input checked="" type="radio"/> No
If YES, provide a signed and dated explanation. You must also submit copies of charges or citations and ALL communications (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements. You must attach all communications for a violation to the signed and dated explanation of that violation. Please put correspondence in chronological order (most recent first). If you have more than one violation, please do the same for each violation.		
2. Have you ever been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgment or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 misdemeanor traffic offense?		Yes <input checked="" type="radio"/> No
3. Is there any pending criminal prosecution against you?		<input checked="" type="radio"/> Yes <input type="radio"/> No
4. Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificate(s) held by you?		Yes <input checked="" type="radio"/> No
5. Has any license or certificate ever held by you in any state or country been denied, revoked, suspended, stipulated, or have you been placed on probation or otherwise subjected to any type of disciplinary action?		Yes <input checked="" type="radio"/> No
6. Have you ever been denied a license to practice in another state?		Yes <input checked="" type="radio"/> No
7. Have you ever appeared or been requested to appear before any licensing board concerning any violation of law or regulation of any state district, territory or province of the United States or Canada?		Yes <input checked="" type="radio"/> No

8. Have you ever had privileges revoked, reduced, or otherwise restricted at any hospital or other healthcare provider entity?	Yes <input type="radio"/> No <input checked="" type="radio"/>
9. Have you ever been subject to proceedings by a professional society to revoke, reduce or restrict membership?	Yes <input type="radio"/> No <input checked="" type="radio"/>
10. Have you ever received care or treatment for abuse or misuse of alcohol or any chemical substance?	Yes <input type="radio"/> No <input checked="" type="radio"/>
11. Have you ever received care or treatment for an emotional or mental condition or illness?	Yes <input type="radio"/> No <input checked="" type="radio"/>
12. Do you currently owe child support arrearages in the amount of \$1,000 or more?	Yes <input type="radio"/> No <input checked="" type="radio"/>
13. Were you subject to any ethical violations while enrolled in school?	Yes <input type="radio"/> No <input checked="" type="radio"/>
14. Have you ever been released from the military by any means other than an honorable discharge?	Yes <input type="radio"/> No <input checked="" type="radio"/>
15. Are you in any way using fraud or deception in applying for a license to practice in South Dakota?	Yes <input type="radio"/> No <input checked="" type="radio"/>
For 2-15 above, provide an explanation for each YES response on a separate piece of paper, with a complete description of dates and events. You must also send ALL supporting applicable documents. You must attach supporting documents to the signed and dated explanation. Please put supporting documents in chronological order (most recent first).	

National Examination: The national examination for licensure for a Nursing Facility Administrator is administered by the National Association of Boards of Examiners of Long Term Care Administrators (NAB). You will need to apply to take the exam online at www.nabweb.org. The Prometric testing centers are located in Sioux Falls and Rapid City. After you apply and before taking the test, you can access the website for "Information for Candidates Nursing Home Administrator Handbook" as well as practice exams. All fees will be paid directly to NAB at the time of application. *An applicant who has failed the national examination is entitled to reexamination a maximum of three times upon payment of the applicable fees. If unsuccessful after four attempts, the applicant may petition the board for reconsideration.*

State Examination: The South Dakota State exam is administered online and activated by the Board. When you submit this application with the required fee, the Board will activate your exam and an email containing the examination access information will be automatically sent to the email provided on this application. The examination will test over the Administrative Rules of South Dakota (ARSD) 20:44. You can find ARSD 44:04 on the SD Legislative Research Council website at <http://legis.sd.gov/Rules/DisplayRule.aspx?Rule=44:04&Type=All>. *An applicant who has failed the state examination is entitled to reexamination a maximum of three times upon payment of the applicable fees. If unsuccessful after four attempts, the applicant may petition the board for reconsideration.*

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I am aware that any misstatements of material facts may cause rejection of my application. I have no objection to inquiries being made for the purpose of verifying the statements made herein.

Daniel M. Duvick

Signature of Applicant

12-21-2017

Date

Sworn to before me this 21st day of December, 20 17.

Kelvin Vannoy

Notary Public Signature

My Commission Expires: 8-19-2020

(SEAL)

For Office Use Only: Check # 6970 Amount \$300
6984 \$100 Date _____

To Whom It May Concern:

Aurora Brule Care and Rehab has an opening for an Administrator for the facility and I have been granted this position by the board of directors for this agency.

I began my professional career as a secondary teacher for the White Lake School. I was eventually named to be the Secondary Principal and later became the Superintendent. I worked for the White Lake District for 13 years. For the next 24 years I was employed by the Mid-Central Educational Cooperative. I was the Director for 22 of the 24 years.

I have a Bachelors of Science degree in Earth Science from the University of South Dakota and masters of education degree from South Dakota State University. I have also completed post graduate work. I have served on several state wide groups, agencies, and boards.

During the fall of 2015, the Business Manager of the cooperative and his family died as a result of a murder suicide. Due to the nature of these deaths an investigation was conducted. During the course of this investigation the Attorney General has charged me with submitting false evidence and conspiring to submit false evidence. It is alleged that during the course of an audit of the South Dakota Department of Education by Legislative Audit, four contracts were submitted by the Mid- Central Cooperative that had been recreated and back dated. All four contracts had been submitted, voted on and approved by the governing board of the cooperative. The work specified had also been completed satisfactorily and had been paid for. There are no allegations that I misappropriated any funds or that I had any knowledge of such.

I vehemently deny any wrongdoing and have entered a plea of innocent as I await my trial date. My trial is not scheduled to be held until mid-June of 2018.

I am very honored to be asked to serve in this capacity and anxiously await your response.

Sincerely,

A handwritten signature in cursive script that reads "Dan Guericke".

Dan Guericke

FILED

APR 13 2016

STATE OF SOUTH DAKOTA *Melora D. Rafter* IN CIRCUIT COURT
CHARLES MIX COUNTY CLERK OF COURTS
FIRST JUDICIAL CIRCUIT COURT OF SD
SS
COUNTY OF CHARLES MIX) FIRST JUDICIAL CIRCUIT

STATE OF SOUTH DAKOTA,
Plaintiff,

vs.

STACY LEE PHELPS,
DOB: 09/27/1973

and

DANIEL MARK GUERICKE,
DOB: 10/22/1957

Defendants.

CRIM. NO. 16-102 AND 16-103

INDICTMENT

Count 1

FALSIFICATION OF EVIDENCE
(A Class 6 Felony)

Count 2

FALSIFICATION OF EVIDENCE
(A Class 6 Felony)

Count 3

FALSIFICATION OF EVIDENCE
(A Class 6 Felony)

Count 4

FALSIFICATION OF EVIDENCE
(A Class 6 Felony)

Count 5

**CONSPIRACY TO OFFER
FORGED OR FRAUDULENT EVIDENCE**
(A Class 5 Felony, punishable as
a Class 6 Felony)

Count 6

**CONSPIRACY TO OFFER
FORGED OR FRAUDULENT EVIDENCE**
(A Class 5 Felony, punishable as
a Class 6 Felony)

	<p>Count 7</p> <p>CONSPIRACY TO OFFER FORGED OR FRAUDULENT EVIDENCE (A Class 5 Felony, punishable as a Class 6 Felony)</p> <p>Count 8</p> <p>CONSPIRACY TO OFFER FORGED OR FRAUDULENT EVIDENCE (A Class 5 Felony, punishable as a Class 6 Felony)</p>
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THE CHARLES MIX COUNTY GRAND JURY CHARGES:

That in the County of Charles Mix, State of South Dakota, Defendants did commit the public offenses of:

Count 1

FALSIFICATION OF EVIDENCE, in violation of SDCL 22-12A-16, in that on or between August 10, 2015 and August 11, 2015, STACY LEE PHELPS did prepare a false paper, record, instrument in writing, or other matter or thing with the intent to produce it or allow it to be produced as genuine in any trial, proceeding, inquiry, or investigation authorized by law, to wit: he did backdate a contract between Mid Central Education Cooperative (MCEC) and American Indian Institute for Innovation (AIII), for service dates October 1, 2013 through September 30, 2014, with the intent to produce it or allow it to be produced as

genuine in a South Dakota Department of Legislative Audit inquiry or investigation;

Count 2

FALSIFICATION OF EVIDENCE, in violation of SDCL 22-12A-16, in that on or between August 10, 2015, and August 11, 2015, STACY LEE PHELPS did prepare a false paper, record, instrument in writing, or other matter or thing with the intent to produce it or allow it to be produced as genuine in any trial, proceeding, inquiry, or investigation authorized by law, to wit: he did backdate a contract between Mid Central Education Cooperative (MCEC) and American Indian Institute for Innovation (AIII), for service dates October 1, 2014 through September 30, 2015, with the intent to produce it or allow it to be produced as genuine in a South Dakota Department of Legislative Audit inquiry or investigation;

Count 3

FALSIFICATION OF EVIDENCE, in violation of SDCL 22-12A-16, in that on or about August 9, 2015, DANIEL MARK GUERICKE did prepare a false paper, record, instrument in writing, or other matter or thing with the intent to produce it or allow it to be produced as genuine in any trial, proceeding, inquiry, or investigation authorized by law, to wit: he did backdate a contract between Mid Central Education Cooperative (MCEC) and American Indian Institute for Innovation (AIII), for service dates October 1, 2013 through September 30, 2014, with the intent to produce it or allow it to be produced as

genuine in a South Dakota Department of Legislative Audit inquiry or investigation;

Count 4

FALSIFICATION OF EVIDENCE, in violation of SDCL 22-12A-16, in that on or about August 9, 2015, DANIEL MARK GUERICKE did prepare a false paper, record, instrument in writing, or other matter or thing with the intent to produce it or allow it to be produced as genuine in any trial, proceeding, inquiry, or investigation authorized by law, to wit: he did backdate a contract between Mid Central Education Cooperative (MCEC) and American Indian Institute for Innovation (AIII), for service dates October 1, 2014 through September 30, 2015, with the intent to produce it or allow it to be produced as genuine in a South Dakota Department of Legislative Audit inquiry or investigation;

Count 5

CONSPIRACY TO OFFER FORGED OR FRAUDULENT EVIDENCE, in violation of SDCL 22-3-8 and SDCL 22-12A-15, in that on or about the month of August, 2015, Dan Guericke, Stacy Phelps, Scott Westerhuis, Nicole Westerhuis and other unknown co-conspirators did conspire and agree with one another to offer in evidence as genuine, in a trial, proceeding or investigation authorized by law, a paper, document, record, or other instrument in writing, knowing that it had been forged or fraudulently altered, to wit: Dan Guericke, Stacy Phelps, Scott Westerhuis, and Nicole Westerhuis

did conspire and agree to backdate a contract between Mid Central Education Cooperative (MCEC) and American Indian Institute for Innovation (AIII), for service dates October 1, 2013 through September 30, 2014, with the intent to produce it or allow it to be produced as genuine in a South Dakota Department of Legislative Audit inquiry or investigation, and in furtherance of the conspiracy did one or more overt acts within Charles Mix County, to wit:

1. Dan Guericke signed and backdated the aforementioned contract at the MCEC office in Charles Mix County.
2. On August 10, 2015, Scott Westerhuis, from Charles Mix County, did email the aforementioned contract to Stacy Phelps for the purpose of Stacy Phelps signing and backdating the contract.
3. Stacy Phelps signed and backdated the aforementioned contract and emailed the backdated contract to Scott Westerhuis in Charles Mix County.
4. Nicole Westerhuis did, from Charles Mix County, upload the backdated contract to MCEC's online storage.

Count 6

CONSPIRACY TO OFFER FORGED OR FRAUDULENT EVIDENCE, in violation of SDCL 22-3-8 and SDCL 22-12A-15, in that on or about the month of August, 2015, Dan Guericke, Stacy Phelps, Scott Westerhuis, Nicole Westerhuis and other unknown co-conspirators did conspire and agree with one another to offer in evidence as genuine, in a trial, proceeding or

investigation authorized by law, a paper, document, record, or other instrument in writing, knowing that it had been forged or fraudulently altered, Dan Guericke, Stacy Phelps, Scott Westerhuis, and Nicole Westerhuis did conspire and agree to backdate a contract between Mid Central Education Cooperative (MCEC) and American Indian Institute for Innovation (AIII), for service dates October 1, 2014 through September 30, 2015, with the intent to produce it or allow it to be produced as genuine in a South Dakota Department of Legislative Audit inquiry or investigation, and in furtherance of the conspiracy did one or more overt acts within Charles Mix County, to wit:

1. Dan Guericke signed and backdated the aforementioned contract at the MCEC office in Charles Mix County.
2. On August 10, 2015, Scott Westerhuis, from Charles Mix County, did email the aforementioned contract to Stacy Phelps for the purpose of Stacy Phelps signing and backdating the contract.
3. Stacy Phelps signed and backdated the aforementioned contract and emailed the backdated contract to Scott Westerhuis in Charles Mix County on August 11, 2015.
4. Nicole Westerhuis did, from Charles Mix County, upload the backdated contract to MCEC's online storage.

Count 7

CONSPIRACY TO OFFER FORGED OR FRAUDULENT EVIDENCE, in violation of SDCL 22-3-8 and SDCL 22-12A-15, in that on or the month of September 2015, Dan Guericke, Scott Westerhuis, Nicole Westerhuis and other unknown co-conspirators did conspire and agree with one another to offer in evidence as genuine, in a trial, proceeding or investigation authorized by law, a book, paper, document, record, or other instrument in writing, knowing that it had been forged or fraudulently altered, to wit: Dan Guericke, Scott Westerhuis, and Nicole Westerhuis did conspire and agree to backdate a contract between Mid Central Education Cooperative (MCEC) and Rick Melmer, for service dates July 1, 2013 through June 30, 2014, with the intent to produce it or allow it to be produced as genuine in a South Dakota Department of Legislative Audit inquiry or investigation, and in furtherance of the conspiracy did one or more overt acts within Charles Mix County, to wit:

1. On September 14, 2015, at 3:37 a.m., Scott Westerhuis sent an email to Rick Melmer stating, "[h]i Rick, this is what the original one [presumably meaning Melmer's employment contract] would have looked like."
2. On September 14, 2015, at 7:14 a.m., Rick Melmer, sent a reply email to Scott Westerhuis and Dan Guericke, stating that Melmer was "concerned about the fact that MCEC does not have the proper documentation in place-signed and ready for review" and that "[i]t may be hard to defend

but I think it is important to be honest about what you have and what you don't have in place."

3. At around 9:00 a.m. on September 14, 2015, Scott Westerhuis called Lloyd Persson. Scott Westerhuis informed Persson that he had found a couple of employment contracts and that had not been signed by Persson while Persson was Chairman of the MCEC Board.
4. On September 14, 2015, Guericke drove to rural Aurora County where Persson was working. Guericke arrived at approximately 10:00-10:30 a.m. and parked alongside the field that Persson was working. Guericke informed Persson that the two contracts were employment contracts for Rick Melmer and Keith Moore. Guericke placed the two contracts on the hood of his vehicle and requested that Persson sign and backdate each of the contracts. Persson complied by signing and backdating the employment contracts.
5. On September 14, 2015, Guericke returned to MCEC's office with the backdated contracts.
6. On September 14, 2015, at 11:43 a.m., Nicole Westerhuis emailed the backdated contracts to the Department of Legislative Audit with a carbon copy to two South Dakota Department of Education employees and to Scott Westerhuis.

Count 8

CONSPIRACY TO OFFER FORGED OR FRAUDULENT EVIDENCE, in violation of SDCL 22-3-8 and SDCL 22-12A-15, in that on or the month of

September 2015, Dan Guericke, Scott Westerhuis, Nicole Westerhuis and other unknown co-conspirators did conspire and agree with one another to offer in evidence as genuine, in a trial, proceeding or investigation authorized by law, any book, paper, document, record, or other instrument in writing, knowing that it had been forged or fraudulently altered, to wit: Dan Guericke, Scott Westerhuis, and Nicole Westerhuis did conspire and agree to backdate a contract between Mid Central Education Cooperative (MCEC) and Keith Moore, for service dates July 1, 2013 through June 30, 2014, with the intent to produce it or allow it to be produced as genuine in a South Dakota Department of Legislative Audit inquiry or investigation, and in furtherance of the conspiracy did one or more overt acts within Charles Mix County, to wit:

1. On September 14, 2015, at 3:37 a.m., Scott Westerhuis sent an email to Rick Melmer stating, "[h]i Rick, this is what the original one [presumably meaning Melmer's employment contract] would have looked like."
2. On September 14, 2015, at 7:14 a.m., Rick Melmer, sent a reply email to Scott Westerhuis and Dan Guericke, stating that Melmer was "concerned about the fact that MCEC does not have the proper documentation in place-signed and ready for review" and that "[i]t may be hard to defend but I think it is important to be honest about what you have and what you don't have in place."
3. At around 9:00 a.m. on September 14, 2015, Scott Westerhuis called Lloyd Persson. Scott Westerhuis informed Persson that he had found a

couple of employment contracts and that had not been signed by Persson while Persson was Chairman of the MCEC Board.

4. On September 14, 2015, Guericke drove to rural Aurora County where Persson was working. Guericke arrived at approximately 10:00-10:30 a.m. and parked alongside the field that Persson was working. Guericke informed Persson that the two contracts were employment contracts for Rick Melmer and Keith Moore. Guericke placed the two contracts on the hood of his vehicle and requested that Persson sign and backdate each of the contracts. Persson complied by signing and backdating the employment contracts.
5. On September 14, 2015, Guericke returned to MCEC's office with the backdated contracts.
6. On September 14, 2015, at 11:43 a.m., Nicole Westerhuis emailed the backdated contracts to the Department of Legislative Audit with a carbon copy to two South Dakota Department of Education employees and to Scott Westerhuis.

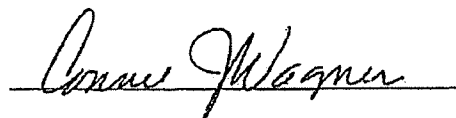
contrary to the statute in such case made and provided against the peace and dignity of the State of South Dakota.

Dated this 13th day of April, 2016, at Lake Andes, South Dakota.

A True Bill

"A TRUE BILL"

**THIS INDICTMENT IS MADE WITH THE CONCURRENCE OF AT LEAST SIX
GRAND JURORS.**



Grand Jury Foreperson

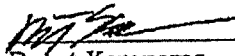
WITNESSES WHO TESTIFIED BEFORE THE GRAND JURY IN THIS MATTER:

Richard Melmer
Keith Moore
Lloyd Persson
Jessica Huber (DLA)
Brett Spencer
John Griswold

ALIBI DEMAND

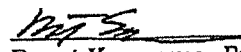
Brent Kempema, Assistant Attorney General, as prosecuting attorney in the above-entitled matter hereby states that the alleged offense was committed on the date and at the place set forth in the Indictment. I hereby request that the Defendant, by and through her attorney, serve upon me a written statement of the Defendant's intention to offer a defense of alibi within ten (10) days as provided in SDCL 23A-9-1. Failure to provide such notice of an alibi defense may result in exclusion of any testimony pertaining to an alibi defense.

Dated this 19th day of April, 2016.


Brent Kempema,
Assistant Attorney General

REQUEST FOR ~~WARRANT~~
SUMMONS

Brent Kempema, the undersigned Prosecuting Attorney, hereby requests
SUMMONS
that a ~~Warrant~~ be issued based upon the Indictment set forth hereinabove.


Brent Kempema, Prosecuting Attorney
Assistant Attorney General

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000134886861

Process Date: 05/22/2018

Page: 1 of 1

GUERICKE, DANIEL MARK

For authorized use by:

SD BOARD OF NURSING FACILITY
ADMINISTRATORS**GUERICKE, DANIEL MARK - ONE-TIME QUERY RESPONSE****A. SUBJECT IDENTIFICATION INFORMATION** (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: GUERICKE, DANIEL MARK
Date of Birth: 10/22/1957 Gender: MALE
Organization Name: AURORA BRULE CARE AND REHAB
Organization Type: NURSING FACILITY/SKILLED NURSING FACILITY (389)
Work Address: 408 S JOHNSTON ST, WHITE LAKE, SD 57383-2255
Home Address: 308 N MAPLE ST, WHITE LAKE, SD 57383-2264
Social Security Number: [REDACTED]
License: HEALTH CARE FACILITY ADMINISTRATOR, NO LICENSE
Professional School(s): UNIVERSITY OF SOUTH DAKOTA (1979)

B. QUERY INFORMATION

Statutes Queried: Title IV; Section 1921; Section 1128E
Query Type: This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.
Entity Name: SD BOARD OF NURSING FACILITY ADMINISTRATORS (DBID ending in ...34)
Authorized Submitter: LISA HARSMA, ADMINISTRATIVE ASSISTANT, (605) 224-1721

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 05/22/2018

The following report types have been searched:

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

----- No Reports Found Based on the Subject Information Submitted -----



Dan Guericke

DOB: 10/22/1957 EXP: 08/26/2016
EXP: 10/22/2021

GUERICKE
DANIEL MARK

505 N MAPLE ST
WHITE LAKE, SC 29582-4206

CLASS: C EXP: P

RESTRICTIONS: BKL

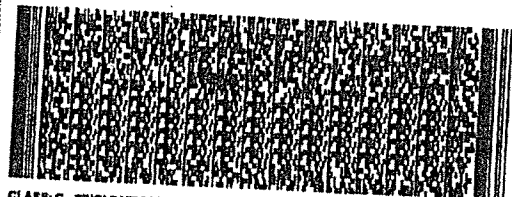
HT: 5'-11" WT: 230 lb

OR: 10/22/2016 10/22/2021



10-125

0015448 06
04-2014-0481001



CLASS: C - SINGLE VEHICLE LESS THAN 24,001 LB GVWR. INCLUDES CAR/LIGHT
TRUCK/MOPED
ENDORSEMENTS: P - PASSENGER

RESTRICTIONS: B - CORRECTIVE LENSES, K - INTRASTATE ONLY, L - P: AIR
BRAKE EQUIPPED CRV

10-22-1957

REV. 11-03-2009
RENEWABLE 180 DAYS PRIOR TO EXPIRATION



SOUTH DAKOTA BOARD OF NURSING FACILITY ADMINISTRATORS
APPLICANT'S LETTER OF RECOMMENDATION
(Professional reference may not be related to the applicant by kinship or marriage)

FROM: Robert Schroeder

TITLE: Superintendent

PLACE OF EMPLOYMENT: White Lake School District PHONE: (605) 249-2251

ADDRESS: PO Box 246 White Lake SD 57383
Street/PO Box City State Zip Code

I, Robert Schroeder, would recommend that Dan Guericke, be given the opportunity to take the Nursing Facility Administration State and National Examinations and complete all other necessary procedures for licensure requirements.

I recommend this applicant based on the following:

Through the various leadership roles Dan and I have been involved in, I have gotten to know him quite well.

Dan held the position of Director of the Mid-Central Educational Cooperative for many years. In this capacity, Dan supervised many individuals who have provided our local school with outstanding special education services. Dan also worked within a budget and helped this cooperative to be a huge asset to its 13 member schools.

Dan has been integral leader in our community through his involvement on the City Council. He has played a huge part in the progress our community has made bringing in new business and improving our city's infrastructure.

Dan is also currently on the White Lake Economic Development Board. With the help of his leadership, we are hoping to help solve the housing shortage our community is currently facing.

Not only is Dan a great leader, he is an outstanding person. He is always looking for ways to share his knowledge and help. He is very active in his church and community and takes great pride in his family.

Through his leadership and personal attributes, Dan would be an ideal candidate for a Nursing Facility Administrator.

Signature Robert D. Schroeder

SOUTH DAKOTA BOARD OF NURSING FACILITY ADMINISTRATORS
APPLICANT'S LETTER OF RECOMMENDATION
(Professional reference may not be related to the applicant by kinship or marriage)

FROM: Sandy Stukel
TITLE: Former DIAL Virtual School Director + MCEC Bd. alternate member
PLACE OF EMPLOYMENT: Mid Central Educational Cooperative PHONE: 605-830-1304
ADDRESS: 27470 Ridgewood Burke SD 57523
Street/PO Box City State Zip Code

.....

I, Sandy Stukel, would recommend that Dan Guericke, be given the opportunity to take the Nursing Facility Administration State and National Examinations and complete all other necessary procedures for licensure requirements.

I recommend this applicant based on the following:

To Whom It May Concern:

I have known and worked with Mr. Dan Guericke for nearly 20 years through the lens of an employee and also as a Gregory school board member and alternate Mid Central Educational Cooperative board member.

In my position as a board member, I greatly respected Mr. Guericke's knowledge and expertise that he had in the education field. State and regional leaders would seek out his opinion and ideas. I admired the vision that he had for education and that first and foremost would be the needs of the students. There was never any question in my mind that all his decisions were student based and what was best for the youth in South Dakota.

His work ethic was impeccable and of rare quality. He put in countless hours and was tirelessly devoted to his job as executive director. He did all of this with a great and sincere joy for the students and his employees. What may have been most commendable was the quality of doing all of this with a most humble heart. His warm and caring concern for others was prominent and organic to his nature.

For these reasons, I would most highly recommend that Mr. Guericke be given the opportunity to take the necessary examinations and complete the procedures for licensure.

Signature

Sandy Stukel

SOUTH DAKOTA BOARD OF NURSING FACILITY ADMINISTRATORS
APPLICANT'S LETTER OF RECOMMENDATION
(Professional reference may not be related to the applicant by kinship or marriage)

FROM: Craig J. Dodds

TITLE: V.P.

PLACE OF EMPLOYMENT: BankWest Inc. PHONE: 605-995-6742

ADDRESS: PO Box 220 Mitchell SD 57383
Street/PO Box City State Zip Code

I, Craig J. Dodds, would recommend that Daniel Guericke, be given the opportunity to take the Nursing Facility Administration State and National Examinations and complete all other necessary procedures for licensure requirements.

I recommend this applicant based on the following:

Dan possesses the highest level of professional and personal skills. His ability to absorb and comprehend complicated information and communicate that to his team is extraordinary. Dan's interpersonal skills as well as his team building talents elevates all of those around him to their highest levels.

Dan also has the unique ability to see and define the "big picture" and implement a plan to achieve his well defined goals both personally and organizationally. His ability to grasp and implement policies and procedures will translate to consistent and successful day-to-day operations.

Dan possesses not only the quantitative skills required to be a high performing CEO but his compassion and people skills are equally as impressive. Dan's willingness to invest himself in both his coworkers and his customers is unmatched.

Dan, in the position of AB Care and Rehab Administrator, will not only elevate the business model of AB but will greatly improve and enhance the quality of life of both the residents and the employees at the facility. Dan is truly the finest person I know and AB Care and Rehab will be fortunate to call him its administrator.

Signature Craig J. Dodds

The University of South Dakota, Vermillion, SD 57069

USD Undergraduate Transcript

Page: 1 of 1
December 11, 2017

Guericke, Daniel Mark
Box 44
308 N Maple St

The University of South Dakota
Bachelor of Science, 05/11/79
Major: Earth Sciences
Minor: Education

SEND TO: Daniel M. Guericke
PO Box 44
White Lake, SD 57383

COURSE	Course Title	CRD	GRD	RPT	COURSE	Course Title	CRD	GRD	RPT
1975 FALL Institutional Credit - USD					1978 SPRING Institutional Credit - USD				
BIOL 101	GENERAL BIOLOGY	4.00		A	ASTR 203	ELEMENTARY ASTRONOMY II	3.00		A
ENGL 163	INTRO TO LITERARY GENRES	3.00		B	EPSY 302	EDUCATIONAL PSYCHOLOGY	3.00		A
HIST 251	UN-HON AM HISTORY	3.00		A	ESCI 311	PRINCIPLES GEOMORPHOLOGY	3.00		B
MATH 111	ELEM MATHEMATICS	4.00		A	ESCI 261	INTRO TO PALEONTOLOGY	3.00		A
POLS 100	AMERICAN GOVERNMENT	3.00		A	HIST 367	INDIAN AMERICANS	3.00		B
TERM ATT: 17.00 CMPL: 17.00 GPA: 3.824					SEED 450 RDNG DEV IN CONTENT AREA 3.00 A				
CUM ATT: 17.00 CMPL: 17.00 GPA: 3.824					TERM ATT: 18.00 CMPL: 18.00 GPA: 3.667				
					CUM ATT: 103.00 CMPL: 103.00 GPA: 3.541				
1976 SPRING Institutional Credit - USD					1978 FALL Institutional Credit - USD				
BIOL 103	GENERAL BIOLOGY	4.00		A	CHEM 220	ELEM ORGANIC CHEMISTRY	5.00		C
CSCI 101	INTRO TO COMPUTING TECH	2.00		A	CLHU 101	SCIENTIFIC TERMINOLOGY	2.00		D
ENGL 101	COMPOSITION	3.00		A	HIST 121	WESTERN CIVILIZATION	3.00		B
ESCI 101	PRINC OF EARTH SCIENCE I	3.00		A	PHYS 111	INTRO TO PHYSICS	3.00		A
HIST 252	AMERICAN HISTORY	3.00		A	PHYS 112	GENERAL PHYSICS LAB	1.00		A
MATH 120	TRIGONOMETRY	2.00		B	PSYC 101	GENERAL PSYCHOLOGY	3.00		A
TERM ATT: 17.00 CMPL: 17.00 GPA: 3.882					TERM ATT: 17.00 CMPL: 17.00 GPA: 2.882				
CUM ATT: 34.00 CMPL: 34.00 GPA: 3.853					CUM ATT: 120.00 CMPL: 120.00 GPA: 3.443				
1976 FALL Institutional Credit - USD					1979 SPRING Institutional Credit - USD				
CHEM 112	GENERAL CHEMISTRY	5.00		B	EDER 415	ED MEASUREMENTS	2.00		A
ESCI 221	EARTH MATERIALS I	4.00		B	SEED 400	METH MEDIA SEC SCH	3.00		A
ESCI 491	PROB IN THE EARTH SCIENC	1.00		A	SEED 413	TEACHING SCIENCE	3.00		A
MTRO 201	METEOROLOGY	3.00		B	SEED 488	STDT TEACHING SEC SCH	8.00		N
PHED 100	RIFLERY ARCHERY	1.00		N	TERM ATT: 16.00 CMPL: 16.00 GPA: 4.000				
SPGM 101	FUND OF SPEECH	3.00		B	CUM ATT: 136.00 CMPL: 136.00 GPA: 3.480				
TERM ATT: 17.00 CMPL: 17.00 GPA: 3.063					ATT CMPL GPA GRADE GPA				
CUM ATT: 51.00 CMPL: 51.00 GPA: 3.600					HRS HRS HRS PTS				
1977 SPRING Institutional Credit - USD					TRANSFER				
CHEM 114	FUNDAMENTALS OF CHEM	5.00		B	INSTI USD 136.00 136.00 123.00 428.00 3.480				
EDFN 238	AMERICAN EDUCATION	2.00		N	CUM 136.00 136.00 123.00 428.00 3.480				
ESCI 103	PRIN OF EARTH SCIENCE II	4.00		A					
ESCI 223	EARTH MATERIALS II	4.00		B					
GFA 113	ADVENTURE IN THE ARTS	2.00		N					
TERM ATT: 17.00 CMPL: 17.00 GPA: 3.308									
CUM ATT: 68.00 CMPL: 68.00 GPA: 3.540									
1977 FALL Institutional Credit - USD									
ESCI 343	EVOLUTION OF THE EARTH	4.00		B					
ESCI 491	PROB IN THE EARTH SCIENC	1.00		A					
INED 411	BI-CULT TCH MET&MATERIAL	3.00		A					
MATH 112	ELEM MATHEMATICS	4.00		B					
OCEAN 301	OCEANOGRAPHY	3.00		A					
ASTR 201	ELEMENTARY ASTRONOMY I	2.00		B					
TERM ATT: 17.00 CMPL: 17.00 GPA: 3.412									
CUM ATT: 85.00 CMPL: 85.00 GPA: 3.513									

*** End of Transcript ***



Jeffrey Thompson
Registrar

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TRANSCRIPT GUIDE AND AUTHENTICITY STATEMENT APPEAR ON REVERSE SIDE

Black Hills State University, Spearfish, SD 57799

BHSU Graduate Transcript

Page: 1 of 1
December 11, 2017

Guericke, Daniel Mark
Box 44
308 N Maple St

SEND TO: Daniel M. Guericke
PO Box 44
White Lake, SD 57383

COURSE	Course Title	CRD	GRD	RPT	COURSE	Course Title	CRD	GRD	RPT
1981 SPRING Institutional Credit - BHSU									
SPED 661	PRB/EXC: ED & TRT MNT BEHAV PRB	3.00		A					
TERM ATT:	3.00 CMPL:	3.00	GPA:	4.000					
CUM ATT:	3.00 CMPL:	3.00	GPA:	4.000					
1999 SUMMER Institutional Credit - BHSU									
ED 652	P/E PRIN/PROC SYSTEMATIC CHNG	2.00		A					
TERM ATT:	2.00 CMPL:	2.00	GPA:	4.000					
CUM ATT:	5.00 CMPL:	5.00	GPA:	4.000					
Beginning Fall 2003, credit earned from all six SD Regental Universities will be identified and displayed under the term header									
2007 SUMMER Institutional Credit - SD Board of Regents Universities									
D CED 592	TOPICS/LAPTOP INSTITUTE	1.00		S					
TERM ATT:	1.00 CMPL:	1.00	GPA:	0.000					
CUM ATT:	6.00 CMPL:	6.00	GPA:	4.000					
	ATT	CMPL	GPA	GRADE	GPA				
	HRS	HRS	HRS	PTS					
TRANSFER					0.000				
INSTI BHSU	5.00	5.00	5.00	20.00	4.000				
INSTI DSU	1.00	1.00	0.00	0.00	0.000				
CUM	6.00	6.00	5.00	20.00	4.000				

*** End of Transcript ***



April M. Meeker
April M. Meeker
Director of Records

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TRANSCRIPT GUIDE AND AUTHENTICITY STATEMENT APPEAR ON REVERSE SIDE

The University of South Dakota, Vermillion, SD 57069

USD Graduate Transcript

Page: 1 of 1
December 11, 2017

Guericke, Daniel Mark
Box 44
308 N Maple St

SEND TO: Daniel M. Guericke
PO Box 44
White Lake, SD 57383

COURSE	Course Title	CRD	GRD	RPT	COURSE	Course Title	CRD	GRD	RPT
1981 FALL Institutional Credit - USD									
ALHS 601	WKSP: HLPG FAM ALC& DRUG AB	3.00		A					
TERM ATT:	3.00 CMPL:	3.00	GPA:	4.000					
CUM ATT:	3.00 CMPL:	3.00	GPA:	4.000					
1983 SPRING Institutional Credit - USD									
PHED 781	WKSP: CARE & PREV ATHL INJ	2.00		A					
TERM ATT:	2.00 CMPL:	2.00	GPA:	4.000					
CUM ATT:	5.00 CMPL:	5.00	GPA:	4.000					
1990 SUMMER SESSION 1 Institutional Credit - USD									
EDAD 712	SCHOOL DISTRICT ADMIN	3.00		A					
ELED 773	ELEMENTARY SCHOOL CURRICULUM	3.00		A					
TERM ATT:	6.00 CMPL:	6.00	GPA:	4.000					
CUM ATT:	11.00 CMPL:	11.00	GPA:	4.000					
1990 SUMMER SESSION 2 Institutional Credit - USD									
EDAD 710	ELEMENTARY SCHOOL ADMINISTRATION	3.00		A					
EDAD 731	SCHOOL BUSINESS ADMIN	3.00		A					
TERM ATT:	6.00 CMPL:	6.00	GPA:	4.000					
CUM ATT:	17.00 CMPL:	17.00	GPA:	4.000					
Beginning Fall 2003, credit earned from all six SD Regental Universities will be identified and displayed under the term header									
2007 SUMMER Institutional Credit - SD Board of Regents Universities									
D CED 592	TOPICS: LAPTOP INSTITUTE	1.00		S					
TERM ATT:	1.00 CMPL:	1.00	GPA:	0.000					
CUM ATT:	18.00 CMPL:	18.00	GPA:	4.000					
	ATT HRS	CMPL HRS	GPA HRS	GRADE PTS	GPA				
TRANSFER					0.000				
INSTI USD	17.00	17.00	17.00	68.00	4.000				
INSTI DSU	1.00	1.00	0.00	0.00	0.000				
CUM	18.00	18.00	17.00	68.00	4.000				

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TRANSCRIPT GUIDE AND AUTHENTICITY STATEMENT APPEAR ON REVERSE SIDE

South Dakota State University, Brookings, SD 57007

SDSU Graduate Transcript

Page: 1 of 1
December 11, 2017

Guericke, Daniel Mark
Box 44
308 N Maple St

SEND TO: Daniel M. Guericke
PO Box 44
White Lake, SD 57383

COURSE	Course Title	CRD	GRD	RPT	COURSE	Course Title	CRD	GRD	RPT
1985 SUMMER SESSION I	Institutional Credit - SDSU								
CI02	888 CONV/INSTIT-GRAD		29.00	CV					
	FROM: Transfer CR - Conversion								
CT02	888 CONV/TRANSFER-GRAD		8.00	CV					
	TERM ATT: 37.00 CMPL: 37.00 GPA: 4.000								
	CUM ATT: 37.00 CMPL: 37.00 GPA: 4.000								
1992 SPRING	Institutional Credit - SDSU								
EDFN	690 SPTP-HUMAN REL II-COMM SKLL		1.00	A					
	TERM ATT: 1.00 CMPL: 1.00 GPA: 4.000								
	CUM ATT: 38.00 CMPL: 38.00 GPA: 4.000								
Beginning Fall 2003, credit earned from all six SD Regental Universities will be identified and displayed under the term header									
2007 SUMMER	Institutional Credit - SD Board of Regents Universities								
D CED	592 TOPICS:LAPTOP INSTITUTE		1.00	S					
	TERM ATT: 1.00 CMPL: 1.00 GPA: 0.000								
	CUM ATT: 39.00 CMPL: 39.00 GPA: 4.000								
	ATT CMPL GPA GRADE GPA								
	HRS HRS HRS PTS								
TRANSFER	8.00 8.00 8.00 32.00 4.000								
INSTI SDSU	30.00 30.00 30.00 120.00 4.000								
INSTI DSU	1.00 1.00 0.00 0.00 0.000								
CUM	39.00 39.00 38.00 152.00 4.000								

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Joyce Kephart
Registrar

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TRANSCRIPT GUIDE AND AUTHENTICITY STATEMENT APPEAR ON REVERSE SIDE

Dakota State University, Madison, SD 57042

DSU Graduate Transcript

Page: 1 of 1
December 11, 2017

Guericke, Daniel Mark
Box 44
308 N Maple St

SEND TO: Daniel M. Guericke
PO Box 44
White Lake, SD 57383

COURSE	Course Title	CRD	GRD	RPT	COURSE	Course Title	CRD	GRD	RPT
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Beginning Fall 2003, credit earned from all six SD Regental Universities will be identified and displayed under the term header

2007 SUMMER Institutional Credit - SD Board of Regents Universities
D CED 592 TOPICS:LAPTOP INSTITUTE 1.00 S
TERM ATT: 1.00 CMPL: 1.00 GPA: 0.000
CUM ATT: 1.00 CMPL: 1.00 GPA: 0.000

	ATT HRS	CMPL HRS	GPA HRS	GRADE PTS	GPA
TRANSFER					0.000
INSTY DSU	1.00	1.00	0.00	0.00	0.000
CUM	1.00	1.00	0.00	0.00	0.000

*** End of Transcript ***



Kathryn L. Callis
Registrar

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Sem	Year	Dept.	Course No.	Course Title	Sem Credit	Grade	Points	Additional Data
			90877	A		GRD	GSP	
SS85		EDAD	735	SCHOOL LAW	3.0	A	12	
SS85		SEED	740	SECONDARY SCHL CURR	2.0	A	8	
SS85		EDAD	700	PUBLIC SCHOOL ADMIN	3.0	A	12	
SS85		EDAD	711	SECONDARY SCH ADMIN	3.0	A	12	
CREDITS RECEIVED FROM THE UNIVERSITY OF SD: Vermillion, SD								
F 83		WKSP	601	HELPING FAM ALG & DRUG ABUSERS	3.0	A		
S 83		PE	781	Wksp: CARE & PREV ATHL INJ	2.0	A		
*ACCEPTED TOWARD MASTER OF EDUCATION DEGREE AT SDSU								
CREDITS RECEIVED FROM BLACK HILLS STATE COLLEGE, SPEARFISH, SD								
S 81		SPED	661	PROB IN EXCEPT ED & TRIMT BEHAV PROB	3.0	A		
*ACCEPTED TOWARD MASTER OF EDUCATION DEGREE AT SDSU								
CONTINUING EDUCATION - MITCHELL, SD								
F 85		CCPS	661	THEORIES OF COUNSELING	3.0	A	12	
		90877	EDUC		GRD	GRD		
F 85		EDAD	789	INTERNSHIP IN EDUC	2.0	A	8	
CONTINUING EDUCATION - CHAMBERLAIN, SD								
S 86		EPSY	623	ADOLESCENT PSYCHOLOGY	3.0	A	12	
CONTINUING EDUCATION - MITCHELL, SD								
S 86		EDAD	715	SUPERVISION	3.0	A	12	
		90877	EDUC		GRD	GRD		
S 86		EDAD	789	INTERNSHIP IN ED	2.0	A	8	
		90877	EDUC		GRD	GRD		
SS86		SEED	745	UPDATING TEACH STRAT	2.0	A	8	
SS86		EDER	761	INTRO TO GRAD STUDIES	3.0	A	12	

Continued on SIS
Spring 1992
SSN

NAME: GIERICE, DANIEL MARK
GRADUATED: B-01-86 DEGREE: M.ED.
COLLEGE: GRADUATE MAJOR: EDUCATIONAL ADMINISTRATION
HOME ADDRESS: Box 11, White Lake, SD 57383
MICROFILM: 10-22-57 Alexandria, SD
BIRTH: 10-22-57 Alexandria, SD
Basis for Adm to Grad School: Univ. of South Dakota, Vermillion, SD, 1979
Sex: Male
Enrolled: 6-4-85
Res: 6-4-85
Months: 12
Below 100 - Non College; 100 - Freshman; 200 - Sophomore; 300 - Junior; 400 - Senior; 500 - Fifth Year Advanced Undergraduate; 600 - Graduate; Open to applicant's 100 - Graduate; 800 - Doctoral; 900 - Postdoctorate
Normal load - 16 credits per semester
Credit hour reduction is equivalent per week per semester
SC - Short Course or Workshop; 1 Cr. equivalent to one week's attendance of 40 hours of instruction and preparation
A - Exceptional
B - Superior
C - Good
D - Satisfactory
E - Fair
F - Fairly
G - Fairly
H - Fairly
I - Fairly
J - Fairly
K - Fairly
L - Fairly
M - Fairly
N - Fairly
O - Fairly
P - Fairly
Q - Fairly
R - Fairly
S - Fairly
T - Fairly
U - Fairly
V - Fairly
W - Fairly
X - Fairly
Y - Fairly
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AA - Fairly
AB - Fairly
AC - Fairly
AD - Fairly
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AH - Fairly
AI - Fairly
AJ - Fairly
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AL - Fairly
AM - Fairly
AN - Fairly
AO - Fairly
AP - Fairly
AQ - Fairly
AR - Fairly
AS - Fairly
AT - Fairly
AU - Fairly
AV - Fairly
AW - Fairly
AX - Fairly
AY - Fairly
AZ - Fairly
BA - Fairly
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BC - Fairly
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BE - Fairly
BF - Fairly
BG - Fairly
BH - Fairly
BI - Fairly
BJ - Fairly
BK - Fairly
BL - Fairly
BM - Fairly
BN - Fairly
BO - Fairly
BP - Fairly
BQ - Fairly
BR - Fairly
BS - Fairly
BT - Fairly
BU - Fairly
BV - Fairly
BW - Fairly
BX - Fairly
BY - Fairly
BZ - Fairly
CA - Fairly
CB - Fairly
CC - Fairly
CD - Fairly
CE - Fairly
CF - Fairly
CG - Fairly
CH - Fairly
CI - Fairly
CJ - Fairly
CK - Fairly
CL - Fairly
CM - Fairly
CN - Fairly
CO - Fairly
CP - Fairly
CQ - Fairly
CR - Fairly
CS - Fairly
CT - Fairly
CU - Fairly
CV - Fairly
CW - Fairly
CX - Fairly
CY - Fairly
CZ - Fairly
DA - Fairly
DB - Fairly
DC - Fairly
DD - Fairly
DE - Fairly
DF - Fairly
DG - Fairly
DH - Fairly
DI - Fairly
DJ - Fairly
DK - Fairly
DL - Fairly
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DP - Fairly
DQ - Fairly
DR - Fairly
DS - Fairly
DT - Fairly
DU - Fairly
DV - Fairly
DW - Fairly
DX - Fairly
DY - Fairly
DZ - Fairly
EA - Fairly
EB - Fairly
EC - Fairly
ED - Fairly
EE - Fairly
EF - Fairly
EG - Fairly
EH - Fairly
EI - Fairly
EJ - Fairly
EK - Fairly
EL - Fairly
EM - Fairly
EN - Fairly
EO - Fairly
EP - Fairly
EQ - Fairly
ER - Fairly
ES - Fairly
ET - Fairly
EU - Fairly
EV - Fairly
EW - Fairly
EX - Fairly
EY - Fairly
EZ - Fairly
FA - Fairly
FB - Fairly
FC - Fairly
FD - Fairly
FE - Fairly
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FG - Fairly
FH - Fairly
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FJ - Fairly
FK - Fairly
FL - Fairly
FM - Fairly
FN - Fairly
FO - Fairly
FP - Fairly
FQ - Fairly
FR - Fairly
FS - Fairly
FT - Fairly
FU - Fairly
FV - Fairly
FW - Fairly
FX - Fairly
FY - Fairly
FZ - Fairly
GA - Fairly
GB - Fairly
GC - Fairly
GD - Fairly
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GF - Fairly
GG - Fairly
GH - Fairly
GI - Fairly
GJ - Fairly
GK - Fairly
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GP - Fairly
GQ - Fairly
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GX - Fairly
GY - Fairly
GZ - Fairly
HA - Fairly
HB - Fairly
HC - Fairly
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HF - Fairly
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HI - Fairly
HJ - Fairly
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HN - Fairly
HO - Fairly
HP - Fairly
HQ - Fairly
HR - Fairly
HS - Fairly
HT - Fairly
HU - Fairly
HV - Fairly
HW - Fairly
HX - Fairly
HY - Fairly
HZ - Fairly
IA - Fairly
IB - Fairly
IC - Fairly
ID - Fairly
IE - Fairly
IF - Fairly
IG - Fairly
IH - Fairly
II - Fairly
IJ - Fairly
IK - Fairly
IL - Fairly
IM - Fairly
IN - Fairly
IO - Fairly
IP - Fairly
IQ - Fairly
IR - Fairly
IS - Fairly
IT - Fairly
IU - Fairly
IV - Fairly
IW - Fairly
IX - Fairly
IY - Fairly
IZ - Fairly
JA - Fairly
JB - Fairly
JC - Fairly
JD - Fairly
JE - Fairly
JF - Fairly
JG - Fairly
JH - Fairly
JI - Fairly
JJ - Fairly
JK - Fairly
JL - Fairly
JM - Fairly
JN - Fairly
JO - Fairly
JP - Fairly
JQ - Fairly
JR - Fairly
JS - Fairly
JT - Fairly
JU - Fairly
JV - Fairly
JW - Fairly
JX - Fairly
JY - Fairly
JZ - Fairly
KA - Fairly
KB - Fairly
KC - Fairly
KD - Fairly
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TO VERIFY: TRANSLUCENT GLOBE ICONS MUST BE VISIBLE WHEN HELD TOWARD A LIGHT SOURCE

- RAISED SEAL NOT REQUIRED
- This official university transcript is printed on security paper.
 - A security statement containing the names of the six public universities will appear when photocopied.
 - A black and white document is not official.

PURSUANT TO THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, INFORMATION CONTAINED HEREIN SHALL NOT BE RELEASED TO A THIRD PARTY WITHOUT THE WRITTEN AUTHORIZATION OF THE STUDENT.



TRANSCRIPT GUIDE AND AUTHENTICITY STATEMENT APPEAR ON REVERSE SIDE



[REDACTED]	[REDACTED]
First Name	Daniel
Last Name	Guericke
Exam Type	NHA-Only
Eligibility ID	000091897
Test ID	
Test Date	2018-05-21
Test Center	PSI
Original Jurisdiction	South Dakota
Result	PASS
Total Raw Score	40
Total Scaled Score	126
Raw Cut Score	34
Scaled Cut Score	113
Raw Score Customer Care Supports & Services	18
Percent Score Customer Care Supports & Services	86
Raw Score Human Resources	4
Percent Score Human Resources	67
Raw Score Finance	5
Percent Score Finance	83
Raw Score Environment	8
Percent Score Environment	80
Raw Score Management & Leadership	5
Percent Score Management & Leadership	71
Address 1	PO Box 44
Address 2	308 North Maple Street
City	White Lake
State	SD
Zip	57383
Country	US



NATIONAL ASSOCIATION
OF LONG TERM CARE
ADMINISTRATOR BOARDS

	
First Name	Daniel
Last Name	Guericke
Exam Type	CORE-Only
Eligibility ID	000091897
Test ID	
Test Date	2018-05-21
Test Center	PSI
Original Jurisdiction	South Dakota
Result	PASS
Total Raw Score	89
Total Scaled Score	139
Raw Cut Score	61
Scaled Cut Score	113
Raw Score Customer Care Supports & Services	26
Percent Score Customer Care Supports & Services	87
Raw Score Human Resources	15
Percent Score Human Resources	100
Raw Score Finance	12
Percent Score Finance	80
Raw Score Environment	7
Percent Score Environment	70
Raw Score Management & Leadership	29
Percent Score Management & Leadership	97
Address 1	PO Box 44
Address 2	308 North Maple Street
City	White Lake
State	SD
Zip	57383
Country	US

SD Board of Nursing Facility Administrators

From: ClassMarker Results <do-not-reply@classmarker.com>
Sent: Saturday, January 13, 2018 11:54 AM
To: sdnfa@midwestsolutionssd.com
Subject: Daniel Guericke - SD Nursing Facility Administrators State Exam.

Results for: Daniel Guericke

Taken from IP Address: 208.53.196.108

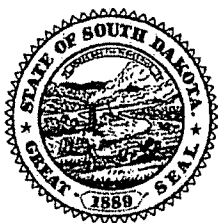
Group: SD Nursing Facility Administrators State Exam.
Test: SD Nursing Facility Administrators State Exam.
Score: 24 out of 25 Points
Percentage: 96%
Duration: 1 hr 16 mins 40 secs
Date started: Sat 13th Jan 2018 10:36am
Date finished: Sat 13th Jan 2018 11:53am

Feedback:

Congratulations, you have successfully passed the State Examination. Please do not forward this email to the Board office. These results have been emailed to the Board office through the examination software and will be processed with your application. Thank you.

Email: dan@midstatesd.net

Note: *This email is set to display score only.*



South Dakota Board of Nursing Facility Administrators

P.O. Box 340, 1351 N. Harrison Ave. Pierre, SD 57501-0340

Ph: 605-224-1721

Fax: 1-888-425-3032

E-mail: SDNFA@midwestsolutionssd.com

<http://nursingfacility.sd.gov>

ADMINISTRATOR-IN-TRAINING MONTHLY REPORT

INSTRUCTIONS: Please verify that a Preceptor and AIT Agreement has been submitted to the Board office before starting your AIT. The Administrator-in-Training (AIT) and the Preceptor must complete and sign the monthly report and submit this report to the Board office by emailing a copy to SDNFA@midwestsolutionssd.com. You can submit the monthly reports with your Documentation of Completion form at the conclusion of your AIT.

Name of AIT:

Dan Guerick

Name of Preceptor:

Chad Struckman

Training Dates Covered by this Report:

FROM: 02 26 18
MM DD YY

TO: 02 31 18
MM DD YY

Name of Training Facility: Aurora Brook Care & Rehab

Training Facility Phone:

605-249-2216

Training Facility Address: 405 S. Johnston St.

Training Facility Email Address:

White Lake, SD 57383

dan@midstatesd.net

1. List assignments and departments with time spent in each (You may use additional paper if needed):

Ex. Laundry Service-8hrs: Participated in laundry sanitation and developed a process for clothing identification

Spent time in all staff areas. Met with various staff and met with all residents.

Met with nursing 4 hrs. Dietary for 2 hrs. Maintenance for 1 hr. Social services 2 hrs. Activities for 2 hrs.

2. Summary of learning experiences:

Began to get a feel of the facility and its staff and residents. Started to develop a relationship with management team, staff and residents.

3. Statement of any problems that arouse during the training:

Make a difficult decision in regards to admission or denial for a local resident.

4. Brief analysis of any problems observed, new experiences, insights gained and your role in the problem resolution:

Became aware of relevant statutes and rules as well as post practice.

5. Visits outside the facility, educational conferences attended:

None

6. MONTHLY HOURS. Enter the Month and dates and document the number of hours of training received for that day.

MONTH OF <i>December 2017</i>						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>21</i>	<i>22</i>	<i>23 8</i>	<i>24 8</i>	<i>25 8</i>	<i>26 8</i>	<i>27</i>
<i>28</i>						Total= 32⁰

CERTIFICATION

ADMINISTRATOR-IN-TRAINING

I hereby certify that this Report is a correct statement and the information was taken from the records of the above-named facility, which are available for examination, upon request by the Board or any of its personnel.

Daniel M. Lawrence
Signature of Administrator-in-Training

2-26-18
Date

PRECEPTOR

I hereby certify that this Report is a correct statement and the information as indicated in the departments/areas listed was under personal supervision in the practice of nursing facility administration. I hereby certify that I provided direct instruction, planning and evaluation; was routinely present with the trainee in the training facility; and I continually evaluate the development and experience of the trainee to determine specific areas needed for concentration.

SK Smith
Signature of Preceptor

2/26/18
Date



South Dakota Board of Nursing Facility Administrators

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ADMINISTRATOR-IN-TRAINING MONTHLY REPORT

INSTRUCTIONS: Please verify that a Preceptor and AIT Agreement has been submitted to the Board office before starting your AIT. The Administrator-in-Training (AIT) and the Preceptor must complete and sign the monthly report and submit this report to the Board office by emailing a copy to SDNFA@midwestsolutionssd.com. You can submit the monthly reports with your Documentation of Completion form at the conclusion of your AIT.

Name of AIT: <i>Dan Guericke</i>	Name of Preceptor: <i>Chad Struckheim</i>
-------------------------------------	--

Training Dates Covered by this Report:	
FROM: <i>01 01 18</i>	TO: <i>01 31 18</i>
MM DD YY	MM DD YY

Name of Training Facility: <i>Aurora Brook Care + Rehab</i>	Training Facility Phone: <i>605-249-2216</i>
Training Facility Address: <i>408 S. Johnston St. White Lake, SD 57383</i>	Training Facility Email Address: <i>dan@midstatesd.net</i>

1. List assignments and departments with time spent in each (You may use additional paper if needed):
Ex. Laundry Service-8hrs: Participated in laundry sanitation and developed a process for clothing identification
Spent 30 hrs with nursing staff. Began to develop an understanding of MOS. Dealt with staffing issues. Interviewed CNAs. Met with Dieting for 8 hrs. Met with Maintenance for 8 hrs. Social services 8 hrs and activities for 10 hrs.

2. Summary of learning experiences:
Will be devoting time to staff development and training. Will work to modify marketing strategies and strategic planning.

3. Statement of any problems that arouse during the training:

Staffing is an ongoing issue. Training is an ongoing issue.

4. Brief analysis of any problems observed, new experiences, insights gained and your role in the problem resolution:

Will work to develop a staffing strategy. Will develop a continuous training program.

5. Visits outside the facility, educational conferences attended: 3 visits To Senior Citizen Center, 2 visits To medical Clinics, 1 visit To hospital social service,

6. MONTHLY HOURS. Enter the Month and dates and document the number of hours of training received for that day.

MONTH OF January 2018						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2 8	3 8	4 8	5 8	6
7	8 8	9 8	10 8	11 8	12 8	13
14	15 8	16 8	17 8	18 8	19 8	20
21	22 8	23 8	24 8	25 8	26 8	27
28	29 8	30 8	31 8			
						Total= 176 ⁰

CERTIFICATION

ADMINISTRATOR-IN-TRAINING

I hereby certify that this Report is a correct statement and the information was taken from the records of the above-named facility, which are available for examination, upon request by the Board or any of its personnel.

Dennis M. Roberts
Signature of Administrator-in-Training

2-26-18
Date

PRECEPTOR

I hereby certify that this Report is a correct statement and the information as indicated in the departments/areas listed was under personal supervision in the practice of nursing facility administration. I hereby certify that I provided direct instruction, planning and evaluation; was routinely present with the trainee in the training facility; and I continually evaluate the development and experience of the trainee to determine specific areas needed for concentration.

Mr. St. Martin
Signature of Preceptor

2/26/18
Date



South Dakota Board of Nursing Facility Administrators

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ADMINISTRATOR-IN-TRAINING MONTHLY REPORT

INSTRUCTIONS: Please verify that a Preceptor and AIT Agreement has been submitted to the Board office before starting your AIT. The Administrator-in-Training (AIT) and the Preceptor must complete and sign the monthly report and submit this report to the Board office by emailing a copy to SDNFA@midwestsolutionssd.com. You can submit the monthly reports with your Documentation of Completion form at the conclusion of your AIT.

Name of AIT: <i>Dan Guericke</i>	Name of Preceptor: <i>Chad Straszheim</i>
Training Dates Covered by this Report: FROM: <i>02 01 18</i> TO: <i>02 28 18</i> MM DD YY MM DD YY	
Name of Training Facility: <i>Aurora Brook Care + Rehab</i>	Training Facility Phone: <i>605-249-2216</i>
Training Facility Address: <i>408 S. Johnston St. White Lake, SD 57383</i>	Training Facility Email Address: <i>dan@midstatesol.net</i>
<p>1. List assignments and departments with time spent in each (You may use additional paper if needed): Ex. Laundry Service-8hrs: Participated in laundry sanitation and developed a process for clothing identification</p> <p><i>Nursing 35 hours, Environmental 12 hours, Social Services 10 hours, Dietary & HR, activities & HR, Started to develop an understanding of OAPE and its applications to continuous improvement.</i></p>	
<p>2. Summary of learning experiences:</p> <p><i>Have hired an office manager to assist in financial and personnel record keeping. I will be taking on more responsibilities with personnel development and sup.</i></p>	

3. Statement of any problems that arouse during the training:

lost several staff members. Have begun an active recruitment process.

4. Brief analysis of any problems observed, new experiences, insights gained and your role in the problem resolution:

Have determined that quality is an area in which we will ~~continue~~ concentrate on. Need to define what we mean by quality and how we can measure it.

5. Visits outside the facility, educational conferences attended:

1 Senior Citizens Center, 2 hospital social service visit, 2 medical clinic visit.

6. MONTHLY HOURS. Enter the Month and dates and document the number of hours of training received for that day.

MONTH OF						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 8	2 8	3
4	5 8	6 8	7 8	8 8	9 8	10
11	12 8	13 8	14 8	15 8	16 8	17
18	19 8	20 8	21 8	22 8	23 8	24
25	26 8	27 8	28 8			
						Total=160

CERTIFICATION

ADMINISTRATOR-IN-TRAINING

I hereby certify that this Report is a correct statement and the information was taken from the records of the above-named facility, which are available for examination, upon request by the Board or any of its personnel.

David M. Zume

Signature of Administrator-in-Training

2-26-18

Date

PRECEPTOR

I hereby certify that this Report is a correct statement and the information as indicated in the departments/areas listed was under personal supervision in the practice of nursing facility administration. I hereby certify that I provided direct instruction, planning and evaluation; was routinely present with the trainee in the training facility; and I continually evaluate the development and experience of the trainee to determine specific areas needed for concentration.

Libby Stank

Signature of Preceptor

Date



South Dakota Board of Nursing Facility Administrators

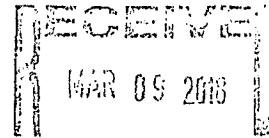
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Ph: 605-224-1721

Fax: 1-888-425-3032

E-mail: SDNFA@midwestsolutionssd.com

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Administrator-In-Training Documentation of Completion Form

INSTRUCTIONS: This form is to be completed by the Preceptor and the Administrator-in-Training (AIT) once training has concluded. The Preceptor and AIT must sign this form and submit it to the Board office by emailing a copy to SDNFA@midwestsolutionssd.com. If you have not previously submitted the monthly reports, please attach those to this form before submitting it to the Board office.

1. ADMINISTRATOR-IN-TRAINING Full Legal Name (Please Print or Type)

First Name: Dan	Middle Name: Mark Maiden Name (if applicable):	Last Name and Suffix: Guerriche
Address: 408 S. Johnston St	City: White Lake	State: SD
Email Address: dan@midstatesd.net	Phone Number: 605-249-2216	Cell Number: 605-680-5558

2. PRECEPTOR INFORMATION (Completed by Preceptor)

First Name Chad	Middle Name and Maiden Name Michael	Last Name and Suffix Strochheim
Facility Name: Aurora Brook Care + Rehab	Facility Address: 408 S. Johnston St.	City/State/Zip: White Lake, SD 57383

Training Site Name: Aurora Brook Care + Rehab	Training Site Address: 408 S. Johnston St.	City/State/Zip: White Lake, SD 57383
--	---	---

Dates of AIT Program: FROM: <u>12</u> <u>26</u> <u>18</u> TO: <u>02</u> <u>28</u> <u>18</u> MM DD YY MM DD YY	Number of Hours Completed: 368
---	---------------------------------------

Code	Subject Category	Hours Completed
10.00	Domain 1. Customer Care, Supports, and Services	
10.01	Establish care recipient service policies and procedures that comply with applicable federal and state laws, rules, and regulations.	8
10.02	Ensure plans of care are evidence-based, established, implemented, updated, and monitored based on care recipient preferences and assessed needs.	8
10.03	Ensure the planning, development, implementation/execution, monitoring, and evaluation of admission/move in process, including preadmission/pre-move information, to promote a quality experience for care recipients.	8
10.04	Ensure the planning, development, implementation/execution, monitoring, and evaluation of discharge/move out process to promote a quality experience for care recipients.	4
10.05	Ensure the planning, development, implementation/execution, monitoring, and evaluation of programs to meet care recipients' psychosocial needs and preferences.	2
10.06	Ensure the planning, development, implementation/execution, monitoring, and evaluation of care recipients' activities/recreation to meet social needs and preferences.	2
10.07	Ensure the planning, development, implementation/execution, monitoring, and evaluation of a health information management program to meet documentation requirements in compliance with federal and state regulations.	4
10.08	Ensure the planning, development, implementation/execution, monitoring, and evaluation of medication management that supports the needs of the care recipient.	4
10.09	Ensure the planning, development, implementation/execution, monitoring, and evaluation of a rehabilitation program to maximize optimal level of functioning and independence for care recipients.	4
10.10	Ensure the planning, development, implementation/execution, monitoring, and evaluation of systems for coordination and oversight of contracted services.	2
10.11	Ensure the planning, development, implementation/execution, monitoring, and evaluation of policies and procedures for responses to care recipient specific incidents, accidents, and/or emergencies.	8
10.12	Ensure the planning, development, implementation/execution, monitoring, and evaluation of housekeeping and laundry services for care recipients.	2
10.13	Ensure the planning, development, implementation/execution, monitoring, and evaluation of education intended for care recipients and their support networks.	4

Code	Subject Category	Hours Completed
10.14	Ensure the planning, development, implementation/execution, monitoring, and evaluation of nutritional needs and preferences of care recipients.	8
10.15	Ensure the planning, development, implementation/execution, monitoring, and evaluation of dining experience that meets the needs and preferences of care recipients.	4
10.16	Ensure care recipients' rights and individuality within all aspects of care.	4
10.17	Integrate support network's perspectives to maximize care recipients' quality of life and care.	8
10.18	Ensure transportation options are available for care recipients.	2
10.19	Ensure the provision of a customer service culture that leads to a quality experience for care recipients.	8
20.00	Domain 2. Human Resources	
20.01	Ensure that human resource management policies and programs comply with federal and state rules and regulations.	2
20.02	Establish the planning, development, implementation, monitoring, and evaluation of recruitment, selection, and retention practices.	2
20.03	Establish the planning, development, implementation, monitoring, and evaluation of employee training and development programs.	2
20.04	Establish the planning, development, implementation, monitoring, and evaluation of employee evaluation programs.	2
20.05	Establish the planning, development, implementation, monitoring, and evaluation of compensation and benefit programs.	2
20.06	Establish the planning, development, implementation, monitoring, and evaluation of employee health and safety programs.	2
20.07	Establish the planning, development, implementation, monitoring, and evaluation of employee satisfaction and organizational culture.	2
20.08	Establish the planning, development, implementation, monitoring, and evaluation of employee disciplinary policies and procedures.	2
20.09	Establish the planning, development, implementation, monitoring, and evaluation of employee grievance policies and procedures.	2
20.10	Establish the planning, development, implementation, monitoring, and evaluation of leadership development programs.	2
20.11	Promote a safe work environment (such as safety training and employee risk management).	2
20.12	Promote a positive work environment (using techniques such as conflict resolution, diversity training, staff recognition programs).	2
20.13	Facilitate effective written, oral, and electronic communication among management and employees.	2
20.14	Ensure employee records and documentation systems are developed and maintained.	2

Code	Subject Category	Hours Completed
20.15	Establish a culture that encourages employees to embrace care recipients' rights.	2
30.00	Domain 3. Finance	
30.01	Ensure that financial management policies, procedures, and practices comply with applicable federal and state rules and regulations.	20
30.02	Develop, implement, and evaluate the service provider's budget.	2
30.03	Oversee the billing and collections process and monitor the accuracy of charges and timely collection of accounts.	4
30.04	Negotiate, interpret, and implement contractual agreements to optimize financial viability.	2
30.05	Develop, implement, monitor, and evaluate financial policies and procedures that comply with Generally Accepted Accounting Principles (GAAP).	4
30.06	Monitor and evaluate the integrity of financial reporting systems and audit programs.	4
30.07	Establish safeguards for the protection of the service provider's assets (such as insurance coverage, risk management).	8
30.08	Monitor and comply with financing obligations (such as debt service, mortgage covenants).	8
30.09	Develop, implement, monitor, and evaluate systems to improve financial performance.	8
30.10	Manage and adjust expenses with fluctuations in census/occupancy/care recipient levels (such as staffing ratios).	8
30.11	Monitor and address changes in the industry that may affect financial viability.	8
40.00	Domain 4. Environment	
40.01	Ensure that physical environment policies and practices comply with applicable federal, state, and local laws, rules, and regulations.	6
40.02	Ensure the planning, development, implementation, monitoring, and evaluation of a safe and secure environment.	6
40.03	Ensure the planning, development, implementation, monitoring, and evaluation of infection control and sanitation.	18
40.04	Ensure the planning, development, implementation, monitoring, and evaluation of emergency and disaster preparedness program, including linkage to outside emergency agencies.	4
40.05	Ensure the planning, development, implementation, monitoring, and evaluation of environmental services, housekeeping and laundry.	4
40.06	Ensure the planning, development, implementation, monitoring, and evaluation of maintenance services for property, plant and all equipment, including preventative maintenance.	4

Code	Subject Category	Hours Completed
40.07	Ensure the planning, development, implementation, monitoring, and evaluation of appropriate HIPAA compliant technology infrastructure.	2
40.08	Establish, maintain, and monitor a physical environment that provides clean, safe, and secure home-like surroundings for care recipients, staff, and visitors.	4
40.09	Identify opportunities to enhance the physical environment to meet changing market demands.	4
40.10	Establish, maintain, and monitor an environment that promotes choice, comfort, and dignity for care recipients.	4
40.11	Assess care recipients' environment for safety, security, and accessibility and make recommendation for referral or modification.	2
50.00	Domain 5. Management and Leadership	
50.01	Ensure compliance with applicable federal and state laws, rules, and regulations.	8
50.02	Promote ethical practice throughout the organization.	6
50.03	Develop, implement, monitor, and evaluate policies and procedures that comply with directives of governing body.	4
50.04	Develop, communicate, and champion the service provider's mission, vision, and values to stakeholders.	4
50.05	Develop, implement, and evaluate the strategic plan with governing body's endorsement.	4
50.06	Promote and monitor satisfaction of the care recipients and their support networks.	8
50.07	Identify, foster, and maintain positive relationships with key stakeholders.	8
50.08	Educate stakeholders on services provided, regulatory requirements, and standards of care.	8
50.09	Solicit information from appropriate stakeholders for use in decision making.	4
50.10	Manage the service provider's role throughout any survey/inspection process.	2
50.11	Develop and implement an intervention(s) or risk management program(s) to minimize or eliminate exposure.	4
50.12	Identify and respond to areas of potential legal liability.	4
50.13	Implement, monitor, and evaluate information management and technology systems to support service providers' operations.	4
50.14	Develop, implement, and monitor comprehensive sales, marketing, and public relations strategies.	4
50.15	Ensure that written agreements between the care recipient and the service providers protect the rights and responsibilities of both parties.	4
50.16	Develop, implement, and evaluate the organization's quality assurance and performance improvement programs.	8
50.17	Lead organizational change initiatives.	4

Code	Subject Category	Hours Completed
50.18	Facilitate effective internal and external communication strategies.	8
50.19	Promote professional development of all team members.	8
TOTAL HOURS (total must exceed 240 hours):		<u>368</u>

3. PRECEPTOR'S EVALUATION

Instructions: This section is to be completed by the Preceptor only. Evaluate the above-named Administrator-in-Training's abilities. Use a separate sheet if necessary.

Good knowledge in growing + leading employees.

Will take time and he will get better grasp of industry.

Hard worker w/ initiative to step in whenever help is needed. This trait will go a long ways in the leadership at his facility.

Do you recommend that the Applicant's period as an administrator-in-training be approved by the Board as meeting the requirements for licensure?

☒ Yes ☐ No If "No", please explain, identify areas of weakness, and attach relevant documentation.

AFFIDAVIT

ADMINISTRATOR-IN-TRAINING

I hereby certify that this Report is a correct statement and the information was taken from the records of the above-named facility, which are available for examination, upon request, by the Board or any of its personnel.

3-8-2018

Date

Daniel M. Dumas

Signature of Administrator-in-Training

PRECEPTOR

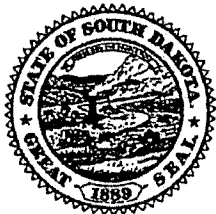
I hereby certify that this Report is correct and the information as indicated in the departments/areas listed was under my personal supervision in the practice of nursing home administration.

2/28/2018

Date

Mr. Stuchin

Signature of Preceptor



South Dakota Board of Nursing Facility Administrators

P.O. Box 340, 1351 N. Harrison Ave. Pierre, SD 57501-1079

Ph.: 605-224-1721

Fax: 888-425-3032

E-mail: SDNFA@midwestsolutionssd.com

doh.sd.gov/boards/nursingfacility

Preceptor and Administrator-In-Training Agreement

INSTRUCTIONS: Please submit to the Board office an application for licensure with the required fee and a completed and signed Preceptor and AIT Agreement before beginning your AIT training.

A maximum of 40 hours per week may be credited toward completion of the AIT program.

AIT Information (Please print or type)

First Name: Daniel	Middle Name: Mark Maiden Name (if applicable):	Last Name: Guericke
Mailing Address: PO Box 44	City: White Lake	State / Zip Code: 57383
E-Mail Address: dmguericke@gmail.com		
Work Phone: (605) 249-2216	Home Phone: (605) 249-2282	Mobile Phone: (605) 680-5558
Training Facility Name: Aurora Brule Care and Rehab Training Facility Address: 408 South Johnston Street White Lake, SD 57383	Type of Facility: Nursing Home Training Facility Email Address: abnh@midstatesd.net Training Facility Phone: (605) 249-2216	

Preceptor Information (Please print or type)

First Name: Chad	Middle Name: Michael Maiden Name (if applicable):	Last Name: Stroschein
Mailing Address: 24437 474th Ave	City: Dell Rapids	State / Zip Code: 57022
E-Mail Address: chad@caringprofessionals.org		License Number: 00522
Work Phone: (605) 670-9855	Home Phone: (605) 428-3633	Mobile Phone: (605) 670-9855
Beginning Date of AIT Program: 12/26/2017 Estimated End Date of AIT Program: 02/28/2018	<p>1. I have completed the <i>free</i> online NAB-ACHCA Preceptor Training Course. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. If yes, do you believe this course provided relevant and useful information regarding your role as a preceptor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The Board strongly recommends that all preceptors take the online NAB-ACHCA Preceptor Training Course, which includes four 1.25 hour modules. This course is free, available online and you are eligible for continuing education hours for completing each module. This course can be accessed at https://nab.academy.reliaslearning.com/.</p>	

As the preceptor and AIT named herein, we fully understand our responsibilities as stated in the South Dakota Board of Nursing Facility Administrators regulations. We agree to inform the Board immediately if there is a change in this agreement.

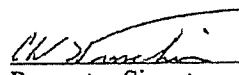
As a preceptor, I agree to guide the Administrator-In-Training through the program as outlined in the following manual (*please check one*):

- ☒ National Association of Boards of Examiners for long Term Care Administrators (NAB) Administrator-In-Training (AIT) Program Manual (*2015 version*). I agree to complete the required reports using the forms approved by the Board and found on the Board's website; or
- ☐ Good Samaritan Society Administrative Internship Program Workbook (*2013 manual*). I agree to complete the required training and reports using the Internship Program Workbook. I will submit these forms to the Board upon completion of the program.

As an AIT, I understand that if an AIT program is required for licensure, my application will not be processed until all completed forms have been received by the Board with the appropriate signatures (*typed signatures will not be accepted*).


Administrator-In-Training Signature

12-21-2017
Date


Preceptor Signature

12/21/2017
Date